Name in Full: Bessie H. Barnett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Salem (Town) Dorchester (County)

Date of death: 1904 June 30 (Month, Day)

Age: 26 Years 9 Months 14 Days

Sex: Female

Color or Race: White

Birthplace: Dor. Co. Md.

Occupation: School teacher

Where Residing if not at place of death: Cambridge Md.

Married, Single or Widowed: single

Name or Wife or Husband: —

Father's Name: Chas. H. Barnett

Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: M. Helen Hodson

Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: Helen Gum

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 9 mons

Immediate: Thrombosis (? Stroke of) paralysis — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Staats

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charlie Cephus

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorch

Date of death: 190 — Month: June — Day: 15th — Years: 50 — Months: — Days: —

Sex: Male — Color or Race: black — Birthplace: Cambridge

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Sophia Cephus

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: James Kain — How related to deceased: brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 1 year

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: LeCompte & Harper Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full: Maud M. Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylors Island; County: Dorchester

Date of death 1904: Month: June; Day: 12; Age — Years: ; Months: 7; Days:

Sex: Female; Color or Race: African; Birthplace: Md

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: ; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Saml F. Cornish; Father's Birthplace: Md.

Mother's Maiden Name: Mary F. Cornish; Mother's Birthplace: Md

Name of person giving Information: Saml F. Cornish; How related to deceased: Father

CAUSES OF DEATH

Primary: Bronchitis; How long: 2 weeks

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. K. Shivers Jr

Address: Taylors Island Md

Accident or Suicide?:

LIBRARY BUREAU A66516

Name in Full: Nancy E. Creighton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: 190X; Month: June; Day: 17th; Years: Age 82; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Hoopers Isld

Occupation: —; Where Residing if not at place of death: Hoopers Isl'd

Married, Single or Widowed: —; Name of Wife or Husband: Hicks Creighton

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Imformation: Hicks Creighton; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —; How long: —

Immediate: Indigestion 104; How long: 1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Le Compte + Harper

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Cristopher Cornelius Fallin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bishops Head; County: Dorchester

Date of death: Month: June; Day: 21; 1904

Age: Years: 67; Months: 8; Days: 13

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Angie Edgar

Father's Name: William Fallin

Father's Birthplace: Md

Mother's Maiden Name: Sallie McNamara

Mother's Birthplace: Md

Name of person giving Information: Angie Fallin

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Fig 44

How long: 3 years

Immediate: General debility

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. J. Jones

Address: Cooja Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Walter Jems

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: June — Day: 23 — Year: 1904

Age: Years: 23 — Months: — Days:

Sex: Male — Color or Race: Black — Birthplace: Dorchester Co

Occupation: Farmer — Where Residing if not at place of death: Near Cambridge Md

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Richard Jems — Father's Birthplace: Dr Co Md

Mother's Maiden Name: Eliza E. Manning — Mother's Birthplace: Dr Co Md

Name of person giving information: Clarence Jems — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Some months

Immediate: E Lawson — How long:

Are the name, age, sex, color, date and place correctly given above? Ye

Signature of Physician: B W Goldsborough

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Louisa Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Cambridge (County): Dorchester

Date of death: Month 6 Day 2 1904 | Age: Years 32 Months 8 Days 5

Sex: Female | Color or Race: Blk. | Birthplace: Md.

Occupation: Oyster shucker | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Will Jones

Father's Name: John Wilson | Father's Birthplace: Va.

Mother's Maiden Name: Lena Kane | Mother's Birthplace: Md.

Name of person giving Imformation: John Young | How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis | How long: Don't Know

Immediate: Exhaustion following Labor | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Wolff M.D

Address: Cambridge, Md

Accident or Suicide?

LIBRARY BUREAU A6501G

Name in Full: Ernest Menzel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Drawbridge — County: Dorchester

Date of death: 1904 — Month: June — Day: 4 — Years: Age 66 — Months: — — Days: —

Sex: Male — Color or Race: Caucasian — Birthplace: Germany

Occupation: Don't Know — Where Residing if not at place of death: Hurlock, Md.

Married, Single or Widowed: Don't Know — Name of Wife or Husband: Don't Know

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving Information: H. J. Murphy — How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

Primary: Bright's Kidney — How long: Don't Know

Immediate: prostration — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. J. Price,

Address: Vienna, Maryland.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A888616

Name in Full: Lafayette Simms

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death: Month: June — Day: 13 — Year: 1904 — Age: 37 — Months: — — Days: —

Sex: male — Color or Race: white — Birthplace: Maryland

Occupation: laborer — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: James Simms — Father's Birthplace: Md

Mother's Maiden Name: Sarah A. Campbell — Mother's Birthplace: Md

Name of person giving Information: John Simms — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gunshot wound of head — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

~~Accident~~ or Suicide?

LIBRARY BUREAU A88316

Name in Full: Jas Allen Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salem — County: Dorchester

Date of death: Month: June — Day: 25 — 1904

Age: Years: 18 — Months: 9 — Days: 5

Sex: Male — Color or Race: Black — Birthplace: Salem

Occupation: Farmer — Where Residing if not at place of death: at place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jas H. Smith — Father's Birthplace: Nanticoke Point

Mother's Maiden Name: S. A. Nichols — Mother's Birthplace: Salem

Name of person giving information: Jas H Smith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation 79 — How long

Immediate: Dilatation of the heart — How long: two weeks.

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: WR Ellis MD

Address: Vienna

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Willie Sterling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge, County: Dorchester

Date of death: Month: June, Day: 21, Year: 1904

Age: Years: 5-7, Months: —, Days: —

Sex: Female

Color or Race: colored

Birthplace: Md.

Occupation: Domestic

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name or Wife or Husband: —

Father's Name: Thomas Sterling (deceased)

Father's Birthplace: Md

Mother's Maiden Name: Don't Know

Mother's Birthplace: —

Name of person giving Information: Isaac T. Whittington

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: about 1 year.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wilbur A. Drake, M.D.

Address: Cambridge, Dorchester Co.

Accident or Suicide? —

2+4

8

LIBRARY BUREAU A66516

Name in Full: Baby Stokes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Worcester

Date of death 1904 — Month: 5 — Day: 28th

Age — Years: — Months: 3 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Virginia

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Thos M Stokes — Father's Birthplace: Brookview

Mother's Maiden Name: Cora P. Lsould 105 — Mother's Birthplace: Brookview

Name of person giving information: Thos M Stokes — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Enteritis — How long: Two weeks

Immediate: Acute Enteritis — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W.R. Elliott

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Benj. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): James — County: Dorchester

Date of death: Month: June — Day: 22 — Year: 1904

Age: Years: 8 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: James Md

Occupation: — Where Residing if not at place of death: — —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Levi Thomas — Father's Birthplace: James Md

Mother's Maiden Name: Annie Marshall — Mother's Birthplace: James Md

Name of person giving information: J. R Warfield — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L A Sickles

Address: Cambridge Md R 7 Box 5

Accident or Suicide? Accident

LIBRARY BUREAU 488516

Name in Full: Levi Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: James Town — Dorchester County

Date of death: 1904 June 2 2 — Age: 43 Years — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Cloyds. Md

Occupation: Oysterman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Annie Thomas

Father's Name: James Thomas — Father's Birthplace: Dor. Co Md

Mother's Maiden Name: — — — — Mother's Birthplace: — —

Name of person giving information: J. R Warfield — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long:

Immediate: 172 — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: S A Stokes

Address: Cambridge Md

Accident or Suicide? Accident

LIBRARY BUREAU A88516

Name in Full: Anna Breckenridge Todd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Toddsville; County: Worchester

Date of death: 1904 Month: June Day: 21 Age: Years 40 Months 10 Days 28

Sex: Male Color or Race: White Birthplace: Maryland

Occupation: Oysterman Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Mary A McHenry

Father's Name: Thos Todd Father's Birthplace: Md

Mother's Maiden Name: Julia Todd Mother's Birthplace: Md

Name of person giving information: Mary A Todd How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs How long: 2 years

Immediate: General Debility How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E A P Foxwell

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: John Todd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Melton; County: Dorchester

Date of death: Month: June; Day: 6th; 1904

Age: Years: 50*; Months; Days

Sex: Male

Color or Race: Col.

Birthplace: Dor. Co. Md.

Occupation: Farmer

Where Residing if not at place of death: —

Married, Single or Widowed: Widower

Name of Wife or Husband: Don't know

Father's Name: Samuel Todd

Father's Birthplace: Dor Co. Md.

Mother's Maiden Name: Don't know

Mother's Birthplace: —

Name of person giving Imformation: Thomas Todd

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: "Bright's Disease" 120

How long: Two years

Immediate: Don't know

How long: —

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Smithsimmons M.D.

*I think age to be 65 or 70 yrs. R.L.S

Address: Church Creek, Md.

Did not attend patient during acute illness R.L.S

Accident or Suicide?

LIBRARY BUREAU A83016

Name in Full: John Todd ✓

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Melton — Town | Dorchester — County

Date of death: 1904 June 6th — Month / Day

Age: 50 — Years / Months / Days

Sex: Male

Color or Race: Col.

Birthplace: Dor. Co. Md.

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Hannah Todd

Father's Name: Samuel Todd ^

Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Don't Know ^

Mother's Birthplace: " " "

Name of person giving Information: Thomas Todd

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis

How long: Don't Know

Immediate: Don't Know

How long: Don't Know

Are the name, age, sex, color, date and place correctly given above? Don't Know

Signature of Physician: Howard Rickardson (Under Coroner)

Address: Church Creek, Md.

Cause of Death probably incorrect RSF

Accident or Suicide? —

LIBRARY BUREAU A6661G

Name in Full: Mamie Weston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barrys Head — County: Dorchester

Date of death 1904 — Month: June — Day: 23 — Age — Years: 23 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Robert Weston

Father's Name: Thos Jones — Father's Birthplace: Md

Mother's Maiden Name: Maria Brack — Mother's Birthplace: Md

Name of person giving information: Robert Weston 27 — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 6 months

Immediate: Hemorrhage of Lung — How long: Few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. Jones

Address: Cbsp Md

Accident or Suicide?

LIBRARY BUREAU A38516